

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-012008

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 238

Primary Registration District No. 5823

Registrar's No. 19

FILED APR 10 1962

1. PLACE OF DEATH

a. COUNTY New Madrid

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN New Madrid

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION no.Inside Limits
Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Mo. b. COUNTY New Madrid

c. CITY OR TOWN New Madrid

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS 808 Main (If outside, give location)

Reside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Middle

Last

Noah Jefferson Boyd

4. DATE OF DEATH

Month

Day

Year

3 31 62

5. SEX

M

6. COLOR OR RACE

W

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

June 9 1889

9. AGE (last birthday)

72

IF UNDER 1 YEAR

Months Days

IF UNDER 24 HR

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Farming-Timber works

10b. KIND OF BUSINESS OR INDUSTRY

Timber

11. BIRTHPLACE (City and state or country)

Ill.

12. CITIZEN OF WHAT COUNTRY

U. S. A.

13a. FATHER'S NAME

Unk

13b. MOTHER'S MAIDEN NAME

Unk

14. NAME OF HUSBAND OR WIFE

Effie Boyd

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)
No. No.

16. SOCIAL SECURITY NO.

[Redacted]

17. INFORMANT

Address

Bob Boyd New Madrid, Mo.

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

myocardial infarction

INTERVAL BETWEEN ONSET AND DEATH

10 min.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 3/31/62 to 3/31/62 and last saw him alive on 3/31/62
Death occurred at 12:30 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Chuck Chubb M.D.

22b. ADDRESS

New Madrid, Mo

22c. DATE SIGNED

2 Apr. 62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

4/2/62

23c. NAME OF CEMETERY OR CREMATORY

Mound

23d. LOCATION (City, town, or county)

Near New Madrid, Mo.

24. FUNERAL DIRECTOR

ADDRESS

Richards Funeral Home, Inc;
New Madrid, Mo.

25. DATE RECD. BY LOCAL REG.

4/2/62

26. REGISTRAR'S SIGNATURE

Jay Hedgcock

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *Ed H. Hays*

Licensed Embalmer No. 3803

P. O. Address New Madrid

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.